

**Leominster Recreation Department  
Playground Program Summer 2005**

The Recreation Department will hold its Playground Program this year, rain or shine, at the following sites: Leominster High School and Skyview Middle School for children ages 6 – 9. The Program will run for eight weeks, 1-week sessions, beginning June 27 and ending August 19, 2005. Hours are 9:00 – 3:00 p.m. Children will have an opportunity to play sports, games, try their hands at Arts and Crafts, and explore nature with other participants. Extended day is available for an additional cost, \$13 per day in addition to program cost.

**REGISTRATION FEE: WEEK 1 - 8: \$50.00 per week/per child (Daily fee is \$12)**

Which site will your child attend, please circle one: **Leominster High School or Skyview Middle School**

Please **CIRCLE** the weeks you would like your child to attend:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
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Participant Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number ( ) the order of preference for contacting the people listed.

Mother's Name: \_\_\_\_\_ ( ) Mother's Phone #: \_\_\_\_\_  
( ) Mother's Work #: \_\_\_\_\_ ( ) Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ( ) Father's Phone #: \_\_\_\_\_  
( ) Father's Work #: \_\_\_\_\_ ( ) Father's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) Emergency Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ ( ) Doctor's Phone: \_\_\_\_\_

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
ANY SPECIAL MEDICAL CARE? \_\_\_\_\_  
ACTIVITY RESTRICTIONS: \_\_\_\_\_  
MY CHILD HAS PERMISSION TO WALK/RIDE BIKE TO PLAYGROUND:  
YES\_\_NO\_\_  
MY CHILD CAN BE PICKED UP ONLY BY (other than parent)  
1. \_\_\_\_\_ 2. \_\_\_\_\_

**THIS FORM  
MAY BE  
DUPLICATED.**

**PHOTOGRAPHY CONSENT AND WAIVER**

\_\_\_ My child \_\_\_\_\_ has permission to be photographed during Recreation programs for publicity purposes by members of the press.

\_\_\_ My child \_\_\_\_\_ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

\_\_\_ My child \_\_\_\_\_ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

**Sign Here:** Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Non-Resident Fee: Add \$5.00 per program. **THIS FORM MAY BE DUPLICATED.**